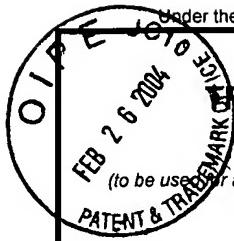


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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/600,725
		Filing Date	June 17, 2003
		First Named Inventor	Stephane Bedard
		Art Unit	3738
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	14206/67156

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> )
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Declaration and Appointment of Agent	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Form 1449 with cited references
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Paul C. Remus
Signature	
Date	February 24, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

February 24, 2004

Type or printed	Heather Woods
Signature	
Date	February 24, 2004

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## THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Stephane Bedard                          Art Unit : 3738  
Serial No.: 10/600,725                              Examiner :  
Filed    : 6/20/2003                                 Docket No.: 14206/67156  
Title    : CONTROL SYSTEM AND METHOD FOR CONTROLLING AN ACTUATED  
          PROSTHESIS

Assistant Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

### **SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT** **UNDER 37 CFR 1.97 and 1.98**

Dear Sir:

#### **CONTENT OF INFORMATION DISCLOSURE STATEMENT - 37 CFR 1.98**

Pursuant to 37 CFR 1.98(a), this Information Disclosure Statement includes PTO Form 1449 listing all patents, publications, applications, or other information submitted for consideration by the Office and a copy of each patent, publication, application, or other information.

#### **FILING OF INFORMATION DISCLOSURE STATEMENT - 37 CFR 1.97**

##### **Filed Under 37 CFR 1.97(b)**

[X] Pursuant to 37 CFR 1.97(b), this Information Disclosure Statement is being filed within three months of the filing date of the above identified application, within three months of the entry of the national stage of the above identified application, or before the mailing date of the first office action on the merits. Accordingly, applicant(s) submits that no fee or certification is required.

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#### **CERTIFICATE OF MAILING BY FIRST CLASS MAIL**

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

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Date of Deposit

Heather Woods  
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Heather Woods  
(Type or Print Name of Person Signing Certificate)

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 04-0932 (Reference Number 14206/67156).

Respectfully submitted,

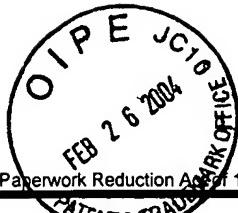
Date: 02-24-04

By:

  
Paul C. Remus, Reg. No. 37,221

DEVINE, MILLIMET & BRANCH,  
P.A.  
111 Amherst Street  
P.O. Box 719  
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PTO/SB/08a (08-03)

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 <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(Use as many sheets as necessary)</i>				<b>Complete if Known</b>	
Sheet	1	of	2	Application Number	10/600,725
				Filing Date	6/20/2003
				First Named Inventor	Stephane Bedard
				Art Unit	3738
				Examiner Name	
				Attorney Docket Number	14206/67156

## **U.S. PATENT DOCUMENTS**

## **FOREIGN PATENT DOCUMENTS**

**Examiner  
Signature** \_\_\_\_\_ **Date  
Considered** \_\_\_\_\_

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language Translation is attached.

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Substitute for form 1449B/PTO		<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>		<i>Application Number</i>	10/600,725
		<i>Filing Date</i>	6/20/2003
		<i>First Named Inventor</i>	Stephane Bedard
		<i>Art Unit</i>	3738
		<i>Examiner Name</i>	
(Use as many sheets as necessary)			
Sheet	2	of	2
		<i>Attorney Docket Number</i>	
		14206/67156	

<b>Examiner Signature</b>		<b>Date Considered</b>	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

**1**Applicant's unique citation designation number (optional). **2**Applicant is to place a check mark here if English language Translation is attached.

Applicant's unique citation designation (numbered option). Applicant is to place check mark in the Engineering category.

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